

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/049874

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	/	/	/	/	/	51				
2	/	/	/	/	/	/	52				
3	/	/	/	/	/	/	53				
4	1	/	/	/	/	/	54				
5	1	/	/	/	/	/	55				
6	1	/	/	/	/	/	56				
7	1	/	/	/	/	/	57				
8	1	/	/	/	/	/	58				
9	1	/	/	/	/	/	59				
10	1	/	/	/	/	/	60				
11	1	/	/	/	/	/	61				
12	1	/	/	/	/	/	62				
13	1	/	/	/	/	/	63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	/		/		/						
TOTAL DEP.	12	→	9	→		→					
TOTAL CLAIMS	13		10								